

Annual Report

Official Public Water Supply Information

1 (MSDH time/date stamp)

Reviewed by: _____
2 (MSDH staff only)

SECTION I – Public Water System (PWS)

3 Public Water System – 7 digit ID Number:

MS 0 _ _ _ _ _

4 System Type: (check one)

☐ Community ☐ Transient ☐ Non-Transient/Non-Community

5 PWS Name

NOTE: P.O. Box not acceptable

6 PWS Physical Address

Street, Road, Highway, Avenue, Etc.

City

Zip Code

County

7 Population

8 Connections

9 Connections

10 Connections

Number Served

Metered

+

Unmetered

= TOTAL

How many are
residential?

How many are
residential?

SECTION II – Legally Responsible Official

11 Name

Title

12 Are you also a Certified
Waterworks Operator?

☐ Yes ☐ No If yes, what is your certificate no.?

Certification No.

13 Mailing Address

To receive official correspondence

NOTE: Multiple mailing addresses are not acceptable

Street, Road, Highway, Avenue, Etc.

City

State

Zip Code

14 Business Number

()

Fax Number

()

Alternate Business Number

()

Home Number

()

Mobile Number

()

15 Email Address

16 Sample Results

Name:

(Mailing Address)

NOTE: For Bacteriological

Street, Road, Highway, Avenue, Etc.

City

State

Zip Code

17 Delivery Shipment

(Mailing Address)

NOTE: P.O. Box address not acceptable

Street, Road, Highway, Avenue, Etc.

City

State

Zip Code

I hereby certify that I am the named individual for this Public Water System and will complete and return the Annual Report to the MS State Department of Health, Bureau of Public Water Supply within **45 days** upon receiving and understand that if I do not complete and return within **45 days**, the Public Water System will be declared without a Certified Waterworks Operator and the Public Water System shall be in violation of the **Bureau of Public Water Supply, MS Primary Drinking Water Regulation, Rule 2.7.1, Annual Report Requirements**.

18 Signature _____

Date _____

SECTION III – Designated Operator

19 Name

As on the MSDH issued certificate

Certificate No.

20 What is the distance from your home address to the physical location of this PWS?

Miles

21 Verified by: _____
MSDH, staff only

I hereby certify that I am the person who directly supervises and is personally responsible for the daily operation and maintenance of this public water system, and I do hold a valid Certificate of Competency as required by Section 21-27-201 through 21-27-221, Mississippi Code of 1972, Annotated. I further certify that my personal residence is within **50 miles** of this Public Water System.

22 Signature _____

Date _____

SECTION IV – Submission Options (Select one method ONLY)

23 Email

water.reports@msdh.ms.gov

24 Fax

(601) 576-7800
OR
(601) 576-7822

25 Mail

U.S. Postal Service,
UPS, FedEx, Etc.

Mississippi State Department of Health
Bureau of Public Water Supply
570 E. Woodrow Wilson
P.O. Box 1700, Jackson, MS 39215-1700

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PURPOSE

To provide the Mississippi State Department of Health, Bureau of Public Water Supply with an official record for data entry in computer databases. The Bureau must receive this form each time a change occurs within the Public Water System.

INSTRUCTIONS

This form must be completed by the Public Water System Legally Responsible Official and the Certified Waterworks Operator. The Public Water System official has forty-five (45) days to complete and return to the Bureau.

Time/Date Stamp:

1. For Mississippi State Department of Health, Bureau of Public Water Supply staff only – Stamp document when received.

Reviewed by

2. For Mississippi State Department of Health, Bureau of Public Water Supply staff only – Initial document when reviewed.

SECTION I Public Water System (PWS)

3. All PWS are given a 7 digit ID number from the Bureau. Enter each number in the appropriate blank.

NOTE: If you don't know, please call the Bureau office (601) 576-7518.

System Type:

4. Check the appropriate type of the Public Water System. Only one (1) box needs to be checked.
Community (City of... Town of... College...)
Non-Transient Non-Community (Hospitals, Poultry Plants, High Schools, etc.).
Transient (Visitor Centers, Rest Stops, State Parks, etc.).
5. Enter name of the Public Water System.
6. Enter the physical address and county of the Public Water System.

Population and Connections

7. Enter the number of people served by the Public Water System. NOTE: If you do not know, use **2.64 persons per household** (2010 U.S. Census Bureau - MS) and calculate by multiplying 2.64 by the total number of connections.
8. Enter the number of metered connections and enter the number of those which are residential.
9. Enter the number of unmetered connections and enter the number of those which are residential.
10. Add the number of metered connections and unmetered connections and enter final number in box marked "Total".

SECTION II Legally Responsible Official

11. Enter name and title of the Legally Responsible Official (e.g. Mayor, Public Works Director, Board President, Etc.)
12. Check one box, yes, if you are an operator or no, if you are not an operator. Enter your certification number if you are certified.
13. Enter mailing address of the Legally Responsible Official.
14. Enter business, alternate business, fax, home, and mobile numbers of the Legally Responsible Official.
15. Enter the email address of the Legally Responsible Official.
16. Enter the bacteriological sample results mailing address.
17. Enter the delivery shipment address for sample kits shipped via commercial carrier.

Signature and Date

18. Legally Responsible Official to sign name and date when signature was signed.

Annual Report

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SECTION III Designated Operator

19. Enter name and certification number of the Designated Operator as it appears on the MSDH certificate
20. Enter the distance in miles from the Certified Waterworks Operator home address to this Public Water System.
21. For Mississippi State Department of Health, Bureau of Public Water Supply staff only – Initial document when verified.

Signature and Date

22. Certified Waterworks Operator to sign name and date when signature was signed.

SECTION IV Submission - 3 options available. Select one (1) method ONLY.

23. Scan/Email to the address provided. NOTE: Fast and easy. This is a preferred selection.
24. Fax to number provided. NOTE: Often difficult to read.
25. Mail to the address provided. NOTE: Some delay expected.

OFFICE MECHANICS AND FILING

The Annual Report must be scanned/e-filed under the appropriate auto file naming scheme and be placed in binder for final storage.

RETENTION PERIOD

This form must be retained for three (3) years or until audited.